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|-----------------------------|-------------------------|----------------------------|---------------------------------------|-----------------------------------|
| SERIAL NUMBER 09/439,174 | FILING DATE 11/12/99 | CLASS 704 <i>270</i> | GROUP ART UNIT 2744 <i>2732</i> | ATTORNEY DOCKET NO. PHO-99-003 |
|-----------------------------|-------------------------|----------------------------|---------------------------------------|-----------------------------------|

APPLICANT

IAN M. BENNETT, PALO ALTO, CA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/13/99 ** SMALL ENTITY **

| | | | | |
|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </div> | STATE OR COUNTRY CA | SHEETS DRAWING 28 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 5 |
|---|------------------------|----------------------|--------------------|-------------------------|

Verified and Acknowledged *me*

Examiner's Initials
Initials

ADDRESS

J NICHOLAS GROSS
 1385 MISSION STREET
 SUITE 240
 SAN FRANCISCO CA 94103

TITLE

INTERNET SERVER WITH SUPPORT FOR ENHANCED INTERACTIVITY

| | | |
|----------------------------------|---|--|
| FILING FEE RECEIVED \$577 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div> |
|----------------------------------|---|--|